

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010342

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 9

STATE FILE NUMBER

FILED APR 9 1963

## 1. PLACE OF DEATH

a. COUNTY

Benton

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cole Camp

Length of stay in 1b

70 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Benton

c. CITY  
OR  
TOWN

Cole Camp

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Louis Dietrich Eding

4. DATE  
OF  
DEATH

Month

Day

Year

MARCH 30 1963

## 5. SEX

MALE

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-25-1890

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

## 10b. KIND OF BUSINESS OR INDUSTRY

Painting

## 11. BIRTHPLACE (City and state or country)

Benton County Mo. U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Moritz Eding

## 13b. MOTHER'S MAIDEN NAME

Minnie Boetcher

## 14. NAME OF HUSBAND OR WIFE

Hettie Eding

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Hettie Eding Cole Camp, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Paralysis

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Progressive Cardiac Decompensation

DUE TO (c)

Generalized Atherosclerosis

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rheumatoid Arthritis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Dec. 1, 1962, to March 30 and last saw her alive on March 29th

Death occurred at 7 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Arturo Gonzalez

## 22b. ADDRESS

Cole Camp, Mo.

## 22c. DATE SIGNED

3-31-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-1-1963

## 23c. NAME OF CEMETERY OR CREMATORY

C.C. Memorial Cemetery Cole Camp Mo.

## 23d. LOCATION (City, town, or county)

Cole Camp Mo.

## 24. FUNERAL DIRECTOR

E.L. Eickhoff Cole Camp Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

4-1-1963

## 26. REGISTRAR'S SIGNATURE

E.L. Eickhoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300  
Rev. 4/59

1 0080

2 0080

3

4 0

5 1

6

7 0

8 0

9 4500

10

11

12 90-2

13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Richard D. Conn*

Licensed Embalmer No. 4703

P. O. Address Jipton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.